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Sexuality

SHIRLEY MCNAUGHTON
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Rights Concerning Human Sexuality

- The right to be informed about the biological and socio-psychological facts of sex behaviour.
- The right to be regarded as a sexual human being.
- The right to sexual expression through fantasy, self-pleasuring, sexual play with another person, and ultimately, sexual intercourse.
- The right to marry.
- The right to become parents.
- The right to receive services in regard to premarital counselling, genetic counselling, marital guidance, family planning and sexual problems.

Wright, 1983, p. 257, from Chigier, 1972.

In her psycho-social approach to physical disability, Beatrice Wright calls attention to the personal and societal rights concerning sexuality of persons with disabilities. How complex these rights are! Any of them can stimulate controversy, debate and even violent reaction. Even so, any magazine devoted to human issues *must* address the topic! Except for communication, what could be closer to our essence as human beings?

We knew it was important to devote an issue of **Communicating Together** to the theme of sexuality, but where could we begin? Our only credentials were our experiences as very fortunate human beings - each with a wide circle of

friends and many options regarding both vocational and avocational experiences; each happily married, and, along with our spouses, proud parents of two young adults and delighted grandparents of our first grandchildren; each with a concern that sexuality be given attention by those involved in AAC. But how could *we* possibly address the theme for persons who use AAC and who have varying degrees of physical impairment?

We need not have worried. Our values, our associate editors, our readers and AAC users had much to contribute to the topic. We found that there are no easy answers but there is much to be said.

From Susan Webber and Sachi Tamura we received a paper for *Perspectives* which focuses on the vulnerability of persons with disabilities. The article discusses sexual assault upon them and the weakness of their legal protection. From those of our Associate Editors who could relate to sexuality within their sections, we received theme-related articles. Geb Verburg discusses the myths and realities of sexual development in his *Contexts* section. Kari Harrington has asked Carol Lynn Katsios to write the *Living* section this time. Carol Lynn describes the life situations of four persons in three stages of their lives. *SymbolTalk* examines vocabulary issues focussing upon the area of sexuality.

For our *Feature Article* we invited Linda Till, the mother of seventeen-year-old Becky, to interview poet and disability rights activist, Robert Williams. Robert has a rare gift. His poems heighten our awareness of the many struggles and strengths of persons with disabilities. We couldn't think of a

better person to introduce the topic of sexuality to *Communicating Together* readers. We hope you'll decide to read more of his work and send for his book of poems, *In a Struggling Voice*¹.

This editorial began by listing the rights of *all* persons concerning human sexuality. These human rights stand in marked contrast to a cynical and succinct statement made in **The Skin Horse**, a 1983 British-produced film about the sexuality experiences of persons with disabilities. As the narrator introduces the central topic, he confronts the viewer with the statement, "There are three genders: male, female and disabled". Quite a different view to that of Beatrice Wright! Which represents the reality of the AAC users you know?

As we think about the restricted life situations of many AAC users, and read of individuals with disabilities who have been the victims of assault², our desire to bring attention within the AAC field to the area of sexuality is reinforced. There are many constraints which must be faced by those who have communication and physical impairments. Their circle of friends is often small; many of the people with whom they interact are paid staff pressured by never having enough time; transportation difficulties often restrict social experiences; vocational and avocational opportunities are limited. We would hope that abrogation of their human sexuality rights is not an additional confining factor in their lives.

The writings of AAC users and those with physical disabilities provide a varied and insightful context for our consideration of sexuality and disability in this issue. We offer the following excerpts from those who know:

The marriage that “worked”, described by Earl Schenck Miers:

Starling, in her own mind, had not married a handicapped man. Instead she had chosen a husband with special problems as many women do and with certain small adjustments we could live as peacefully and as comfortably as any couple.... For a woman entering matrimony, where all at once she is expected to change her mood from faithful wife to comforting mother to bawdy mistress as though turning on and off a water faucet, the tensions that arise have nothing to do with cerebral palsy.

Meirs, 1966, p.p. 143-144

Young love, shared by Christy Brown:

I was secretly proud that I, a cripple, had made friends with the prettiest and most sought-after girl in our neighbourhood.... After a little while she got up, hesitated, then suddenly knelt down on the grass beside me and kissed me very tenderly on the forehead.... Then one day as I sat disconsolately in the back yard with my back against a soapbox I heard a step close by. I looked up wearily....It was *Jenny*! She stood a few feet away, at the entrance to the yard, her slim, childish figure outlined against the white wall behind her, vividly bright in the June sunshine, her shadow falling crookedly on the warm concrete ground. She was looking across at me, but - it was with a *look of pity*. I knew then, as I came to know many times later, how bitter and crushing a simple look of pity can be to someone like myself who needs something other than sympathy - the strength that only genuine human affection can give to the weakest heart. I lowered my head under her pitying gaze and without a word being said on either side Jenny turned slowly and left me to myself in the yard. I became different after that.... I had come to believe that there was no ‘difference’ between myself and other people, except in my own mind...It was pure joy to blind my eyes to every unpleasant fact about myself, even for a few brief weeks. But - it made the coming back to reality all the more violent and bitter.

Brown, 1954, pp. 71-74.

A first love affair, experienced by Earl Carlson:

The usual intensity of a first love affair was augmented in my case by

the fact that with the spastic love is a much more serious matter than with the normal person. He who has thought of himself as being cut off from the rest of mankind by his handicap suddenly discovers that the barrier has vanished, and he idealizes the girl who has released him from isolation. This avalanche-like emotional reaction makes love a serious problem for spastics, because it is difficult for them to choose the right mate when they are apt to be swept off their feet emotionally whenever anyone takes a personal interest in them.

Carlson, 1941, p. 71.

Sex education , as viewed by seven-year old Bill Rush:

Whenever the neighbours did get together I had to stay indoors with the mothers and listen to them exchange recipes and gossip and compare their love lives (sex education), which then bored me into taking my nap.

Rush, 1986, p.7.

Adolescent changes in relationships, observed by Christopher Nolan:

He watched new joy beat its way into the hearts of his classmates, a joy which defeated gloom by dubbing their merits with a first glow of bashful amethyst hue. He never sobbed upon his loss, but cemetery dampness clung in the air as he watched boys pairing off with girls and girls while masking yes beamed no, meaning gigglesome maybe. Fashioning desire into lonely acceptance was ever the solution to maimed life, so as he gunfired Boyblue’s beardless smile he now turned his gaze towards Dublin.

Nolan, 1987, p. 139.

Infatuation recounted by Ruth Sienkiewicz-Mercer:

Shortly after our date, I asked Hans to the prom, and he readily accepted. During one of our conversations about it, he started telling me that he thought I was a beautiful woman with a good mind locked up inside an unfortunate body. He said that he liked me very much as a friend, but he didn’t think we would make a very good match romantically.

I understood what he was saying, and I was heartbroken. For the first time in my life, I realized that I would never be able to enjoy a romantic

relationship with a “normal” man. It finally dawned on me that no nonhandicapped man would ever be sexually attracted to me - certainly no nonhandicapped man to whom I was attracted, anyway. Since I had never been physically attracted to men with disabilities like mine, I concluded that I would never enjoy a sexual relationship with anyone.

This was a bitter pill to swallow. It certainly took the excitement out of going to the prom with Hans. Not that it changed my feelings about him - or my erotic dreams about him, for that matter - but it definitely affected my general outlook. I realized that my romantic fantasies about Hans were just that - fantasies.

I matured quite a bit in those few weeks.... Fortunately, Gena was there to console me.... I finally succeeded in getting the message across that Hans had been my imaginary lover. I felt much better once Gena understood the true extent of what he meant to me. As usual, she was extremely sensitive to my feelings.

Sienkiewicz-Mercer & Kaplan,
1989, pp. 190-191.

Re Ruth Sienkiewicz-Mercer’s later marriage proposal:

It took Norman a few seconds to wind up, and some stuttering in the delivery, but he finally blurted it out: “Will you marry me?”

A pure mixture of yes and no covered my face - eyes looking up, mouth frowning. I was still half-standing in my wheelchair, making excited noises as my teeth chattered and I gave my answer: “Maybe.”

I knew that I loved Norman, but I wasn’t certain that I loved him like a wife should love her husband. Ever since my disappointment with Hans Toegel, I had resigned myself to a life without physical love. Now here was Norman, asking me to be his wife, not just his handicapped roommate - and I didn’t know what to say....

Debbie Ramsay, one of my PCAs and a close friend, was with us, and she saw from my beaming face that I had finally made up my mind. Although she didn’t have to tell Norman what I was saying - we could read each other’s faces, and minds, most of the time - she announced my decision: “Yes, I will.”

Sienkiewicz-Mercer & Kaplan,
1989, pp. 218-220.

The previous sharings raise many challenges. There can be no doubt about the sexuality *needs* of AAC users. For those of us who care, let us also become more aware of their sexuality *rights* and help contribute to the realization of those rights.

We finish the introduction to this issue with a poem by Robert Williams, which we believe deserves the last word - for this time:

Shadows in the Dark

*I lay alone
in the dark
each night.*

*I reach out to you
to find comfort
and pleasure
in your body's warmth.*

*But you are not there
beside me*

*Only in my dreams
each night.*

Next Issue

In the next issue, we will continue with the topic of sexuality and begin a discussion of parenting. For our feature article, we hope to share Gabrielle Brimmer's thoughts relating to parenting and other matters. The film, *Gaby-A True Story*, is available in RCA/Columbia Pictures Home Video. We heartily recommend it for advance viewing prior to reading in the June **Communicating Together** about Gaby's life in 1992.

We invite readers to send us their ideas and reactions to the articles and poems included in this issue.

¹ *In A Struggling Voice* may be obtained for \$10.00 US from The Association for Persons with Severe Handicaps (TASH), 7010 Roosevelt Way, N.E., Seattle, WA 96115, USA. Phone 206-523-8446.

² For further information relating to sexual abuse, see the list of references following *Perspectives*.

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COMMUNICATION OUTLOOK

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THE POETRY OF HUMAN RELATIONSHIPS

ROBERT WILLIAMS, LINDA TILL &
BECKY TILL

Dick and Jane

*They've shared the same mat since
they were children.*

*lately though the staff has been
setting them down
so that they're facing in opposite
directions of one another,
probably to avoid any funny stuff.*

*It doesn't matter that much though,
they'll nestle together no matter
what,
knowing that they're all they have,
they learn to make do.*

*Her body is that of a child
though her face is taking on the
features of a beautiful young woman:
looking into her hazel eyes,
I'm almost mesmerized by their
sparkle,
It took me a while to figure out the
score.*

*Finding pleasure in giving her lover
a back rub
with spasmodic strokes of her arm,
she massages the small of his back;
smiling, he responds in kind by
running his whiskers through her
toes.
she gives out a slight laugh;
they move an inch or two closer to
each other
hoping the staff doesn't pick up on
the subtleties of the moment;
they don't of course.*

"I know" said the child beside. "I know about that."

What powerful memories this poem must have triggered, for this essentially non-verbal child to be so determined to find and coordinate such an equally powerful response. The child was my daughter, Becky, and she had every reason to know about things like that.

Prior to joining our family, Becky had lived since infancy in an institution in which she must have experienced many similar situations. Her needs emotionally, physically, medically, developmentally and communicatively were overwhelming at times.

The day she heard that poem read marked the beginning of a friendship with the poet, Bob Williams, that would prove to be both influential and rewarding for Becky and also for myself. We cry together over "Marathon Man", we shout our frustration and anger over "50 Years of No Special Reason", and we are overawed by the power of the perceptions of humanity in "Gallant and Gaunt Their Beauty". We read together from Langston Hughes, a gift to Becky from Bob - poems that influenced him as a young child. And we try to understand the multifaceted reality of discrimination against those who are "different". Luckily enough, even though Bob lives a great distance away in Washington, D.C., we have opportunities on a frequent basis to nurture our friendship with him on a personal level as well as a literary one.

Thus it was that this past week, as Becky celebrated her 18th birthday, Bob was present to celebrate with us. In the relative quiet of the morning after the dance and party, Bob, Becky and I spent some time discussing one of the prevalent themes in his book of poetry - sexuality - an important and relevant topic on the occasion of one's 18th birthday!

As a person who, due to the difficulties imposed by cerebral palsy, uses two augmentative communication devices (interchangeably an alphabet board and a TouchTalker), Bob has valuable

personal insight into the complexities faced by people with speech disabilities and/or other disabilities in relation to interpersonal relationships. His great command of language and his perceptive insight have enabled him to be extremely effective as a disability rights activist. He sits on the Board of Directors of TASH (The Association for Persons with Severe Handicaps), and has been very active in many advocacy initiatives, including the recently enacted Americans with Disabilities Act (ADA). He has worked tirelessly on multiple fronts regarding the rights of people to have access to augmentative communication systems and technology.

The following discussion is a synopsis of our reflections in relation to the topic of sexuality:

Linda: Bob, you've suggested four poems from your book *In A Struggling Voice* that will be featured either in this article or in the editorial. What do you feel these particular poems have to tell us about sexuality?

Bob: These poems deal with many of the dominant themes and challenges which I have had to come to terms with regarding my own sexuality. I and many people with speech disabilities grapple with similar issues. In writing, I wasn't trying to generalize to all persons. These poems are an attempt to voice and get out my own emotions. They are a personal message to others who might relate to similar experiences. Let me say that voicing and getting out emotions doesn't come easily for people with speech disabilities. I think most of us keep everything to ourselves - locked up.

Steadying Hands

*You know,
it gets easier each time we're
together
to wander off in thought
and still feel you close at hand
and to imagine all that it'd be like if
we were your not-so-average All-
American sweethearts;*

*And do ya know what?
It doesn't seem that far-fetched
anymore.*

*Can't explain this sudden change in
attitude on my part,
though, I think it has a lot to do with
your hands -
have you ever noticed that they never
tremble
when I place mine next to them.
As a matter of fact, my hands are
pretty stable now themselves;
and that's something in itself, I'll
have you know.*

*Don't let my analogy be a distraction,
though.*

*All that I really want to say is that
I'm finding
myself in love with you for being so
good to me and
feeling quite at home with the whole
idea.*

Bob: When I was young, before I had an alphabet board, my way of dealing with complex emotions that I couldn't voice was to imagine that I was "shutting all my systems down", so that most of what I felt got transferred into thought and not action.

You know what else? It wasn't until college when I was with everyone else for the first time that I realized it was the same for everybody - my room-mate and the other students. And that goes to the importance of inclusion. You need that natural feedback from others your age to learn you have the right to feel your own sexuality. The opportunity to interact with your peers who aren't struggling with communication difficulties helps you

realize your feelings are not related just to your disability.

Linda: It does seem logical, doesn't it, that one can't be expected to learn an awful lot about interpersonal relationships and sexuality just from talking about it. Clearly there is a corresponding need for opportunities to experience interactions of all sorts with others.

*Excited vocalizations from Becky
indicating a desire to contribute
something at this time, prompted
questions to her which yielded the
following -*

Becky agreed that being with her friends in an integrated setting helps her understand her feelings. In asking Becky what sexuality is, she indicated - going to school (no), clothes (no), kind of feeling (yes). She then indicated that sexuality was a "loving feeling", "wanting to be close with your body" and a "strange feeling". It was a feeling that was not directed at teachers, but was directed at the other kids at school. Becky was unsure in her response as to whether those feelings were ones she felt for the girls or the boys. She did not want to talk about her feelings for Bob - "No thanks. Not here. Maybe in private." Becky also indicated she couldn't learn through just talking but needed to *do* things to learn. She confirmed that she believes that in order to understand what it's like to "be close with your body" to someone, you have to do it, and she followed this up with a very clear, verbal "oh boy!".

*In thinking of the social taboo
about discussing matters related to
sexuality -*

Bob: I think it is a very deep difficult thing to do, because, especially when you have a speech disability, the expectation is that you don't communicate about anything. And when you come down to it,

what is sexuality but communication? Sexual relationships are difficult in the first place but having a speech disability compounds the challenge.

Linda: So for people with physical, intellectual or speech disabilities, what does this mean? In reality, many people with disabilities don't have the opportunity to even discuss sexuality, let alone follow through with any exploration through interaction. And inexperience in communication can result in inadequate skills for entering into interpersonal and sexual relationships. How does a person develop an awareness of his or her own sexuality under these conditions?

Bob: I think that it is important that we recognize all this. Communicating together and having a positive attitude toward our own sexuality requires that we develop ways and opportunities for people - with and without disabilities - to grow up and go to school and work together. And parents and young people with disabilities should be thinking about how best to foster all that.

Simplifying Life

*I don't know why
when someone loves another person
she can't just love him right back*

*it just seems like a matter of common
decency
not to mention that it's mutually
beneficial as well.*

*But that'd be simplifying life far too
much,
no doubt.*

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Should We Not Also Love?

CAROL LYNN KATSIOS



DAW 92

*Kari and Ruth Harrington have asked their friend and **Communicating Together** colleague to write this issue's **Living**. They wanted Kari's thoughts to be included but to be accompanied by the experiences and ideas of others. Carol Lynn offered to "put it all together". Over the years, Carol Lynn has interacted in many ways with adults who have physical disabilities, including supervising a support service project and assisting presenters using AAC in a community awareness initiative. She is currently involved in a literacy program directed to adults who have speech and physical impairments.*

Every human being has an innate need to love and be loved. Each of us desires 'someone special' in our life - a person who shares our interests, whose thoughts are on the same wave length as ours, who cares for us as a special person above all others.

When persons with disabilities see lovers walking with hands entwined, when everywhere they look they see couples of all ages - walking, talking, eating, dancing, embracing, loving - do they not also long for the touch of a special person? Do they not also want to have someone by their side to share life with?

Using a wheelchair for mobility or a voice output device to communicate doesn't change the way a person feels. The emotional needs are still the same. With these thoughts in mind, I interviewed some friends of mine and explored their thoughts and feelings on love and marriage, as well as some of the obstacles to fulfillment that can be encountered.

Kari Harrington

Kari Harrington is 27 years old;

she has cerebral palsy and uses an AAC system which includes a SpeechPac, an alphabet board, signing, a Macintosh SE, and her own voice with those who know her well. Upon reflecting on the years I have known Kari, the images and impressions that flow through my mind are a sunny personality, a ready smile, and an excitement for life.

Yes, Kari had little-girl dreams of love and marriage:

When I was 8 years old, I and a boy I went to school with wanted to get married. We later changed our minds because I wanted children and he didn't. I had a crush on another boy in public school also, but he never knew of my fantasies about him.

When Kari was a teenager, she thought a lot about love and marriage.

I wondered often if any able-bodied man would love me. I would fantasize what it would be like to have a husband who could walk and take care of me.

It never occurred to Kari at that time to imagine her husband in a

wheelchair. Kari did not think of herself as disabled, she simply thought of herself as Kari. The only difference between herself and others was that those who walked helped her do things that she herself could not do.

Kari felt it was very important to her to have someone love her just the way she was - someone who didn't wish she was any other way. She wanted someone who would see beyond the wheelchair to the person in it. When Kari eventually met him, he was a young man with cerebral palsy who was an AAC user.

Kari began to realize some of the obstacles her disability could create for a romantic life. Being nonspeaking would be a major problem, Kari felt.

Communication is very important when it comes to things like marriage. Up until this time, I dreamed of marriage and having children, but I had never actually thought about having sex.

Kari found it a little frightening to be confronted with the reality of a possible sexual relationship. There was just so much to think about. What about pregnancy? Would her disability allow her to have a child? How would she look after a child with her disability? If her husband was also disabled, where would they live? They would

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both require attendant care. Who would look after a baby? If Kari took birth control pills to ensure not becoming pregnant, how would this affect her health?

All these thoughts were things Kari could not communicate well to her boyfriend. Communications between them were slow and difficult, especially when talking on the telephone. Many misunderstandings arose because of this. It is difficult to discuss serious matters using voice output devices when half the words are not readily understood. It is frustrating, and neither person gets to know what the other person is really thinking.

Other problems presented themselves. They never really had an opportunity to be intimate with each other. Spontaneous situations were impossible. The size and style of their wheelchairs prevented them from getting close. They could barely reach out to hold hands. The necessity of having a third party to assist in sexual activity seemed intimidating. Who would the third party be?

Cohabitation for two people who use many devices to assist in their daily living means four wheelchairs and chargers, two voice output communication aids and chargers, and two computer setups for each computer to be accessible for the individual. Kari worries whether there would be room for everything in a typical apartment and still leave room for two large wheelchairs to move around. In such confined quarters, how could two people find a way to develop a happy and healthy lifestyle?

Will Kari have her chance in life to reach out and touch love? Or will this loving person who could enrich someone's life immensely give up because of the seemingly insurmountable obstacles? "Now that I've confronted all the realities, a lot of the glamour of the idea has worn off. I'm thinking of remaining single. Part of me still wants to get married," says Kari wistfully, "but the other part of me says I should do what's best for me."

Barbara and Ian Turner

Barbara and Ian Turner can be found three days each week at the Easter Seal Society in Toronto: Barbara with her mouthstick, punching computer keys, and Ian cerlox-binding, or photocopying, or tackling any number of the myriad of jobs that need doing in a busy office. One of the things most readily observed is Barbara's and Ian's devotion to each other. They are inseparable.

Barbara and Ian were both born with cerebral palsy. Barbara uses a wheelchair, and although she must work hard to speak, she has chosen her voice as her means of communication. Ian is ambulatory with the help of a cane and has no difficulty speaking.

Their romance began almost from the day Ian moved into a residence where Barb was already living. "He was always sort of 'hanging around' me after he moved in," chuckles Barbara.

Did Ian have a crush on Barbara from the time he first met her? "Yes, I guess I did," reflects Ian. Their romance slowly blossomed, and four years later, Ian proposed. "I thought I'd like to try marriage and see how it worked," says Ian with his slow smile. After 15 years of marriage, anyone who knows Barbara and Ian would certainly say it has worked very well. Barbara and Ian have found a love and companionship that many people search for all their lives.

Their fondness for each other is obvious as Ian places the spoonful of lasagna in Barbara's mouth at lunchtime. It shows in the careful way Ian holds Barbara's cup of tea so she can drink it. It can be heard in the pride in Barbara's voice each time she speaks Ian's name. It can be seen in the comfortable, companionable conversations of two people, who, after 15 years of marriage, have never run out of things to say to each other. If all the images and impressions of Barbara and Ian could be compressed into one word, that word would be contentment.

During Barbara's childhood, she had many little-girl fantasies about marriage. "I always wanted to get married," laughs Barbara. "As a little girl, that is all I ever thought about."

Barbara and Ian were married in Barbara's family Baptist Church in Scarborough. Barbara recalls with pride

My sister made my wedding gown. I still have it. I walked down the aisle on my father's arm with the help of a walker. My Dad took us in his van for a three week honeymoon to Waikiki Beach in Florida. It was a perfect wedding.

Barbara and Ian decided before marriage that because of the extent of Barbara's disability, she would not be able to look after a child if she had one. But even if they had not decided themselves to forgo having children, the residence they lived in was not set up to deal with pregnancies or babies. As a result, it was required that couples getting married had to provide medical assurance that no pregnancy would occur, in order to remain living there. Since there were not many options for physically disabled persons at that time, Ian had a vasectomy. "But had circumstances been different," admits Barbara, "we would have loved to have had children." "Oh, we love children," agrees Ian emphatically.

Barbara and Ian now live in their own apartment in a support service project. Although attendant care is available where they live, Ian still does a lot of Barbara's care himself. Barbara comments

If I didn't have Ian, I would never live in an apartment. I need to have people around me. It is so much better to have that one special person who really cares about you and who you can share things with, and never feel lonely.

"That's true," agrees Ian, "It certainly has worked out well." "We wouldn't trade being married for anything," they both agree.

Susan Odell

Susan Odell has been a widow for 14 years. Not a day goes by that she doesn't think of her husband Art, and miss him terribly. "I was 16 years old when I met Art," recalls Susan. "I moved into an institution where he was living. We became fast friends immediately."

Both Susan and Art were born with cerebral palsy. Both used wheelchairs. Susan was unable to speak or to read, and had an alphabet board as her only communication device. Over the years, she had memorized a few basic words regarding her needs that she could spell out, though imperfectly, on her board.

Over a period of several months, the friendship between Susan and Art grew into a romantic interest in each other. Marriage was not a thought that even occurred to them at that time, for marriage was an unheard of option for disabled adults living in an institution. "We had a secret corner where we would hide and sneak kisses," giggles Susan. "But one day the elevator operator caught us and warned us strongly against such shenanigans, so we had to find a new hiding place."

Three years later, Susan and Art moved to another institution, and their friendship continued several more years. Then Art became ill. Susan was confronted with a need to think seriously about the future. She and Art loved each other. Why should they not make the most of whatever time they had?

Ideas had changed somewhat over the years, and things that were once unthinkable were now becoming acceptable. So as soon as Art was well again, Susan took matters into her own hands. "I proposed!" says Susan happily.

Ten years after Susan and Art first met, they were making plans for a wedding. Susan's family was outraged. Her mother demanded to know why Susan wanted to get married. "Because we're in love," was Susan's reply. Her mother said it was the "most stupid thing

she'd heard of in her life." In her view, physically disabled people were not "normal". What could they know of love?

Susan's sisters were furious. "I was already an embarrassment to them because I was disabled," says Susan. "Now I was further embarrassing them by getting married. Disabled people didn't *do* things like that."

Regardless of the hostility of her family, Susan and Art had a storybook wedding with a white gown, guests, and champagne. Susan remembers thinking during the ceremony, "I never thought this could ever happen to me."

There was only one small cloud. Although the institution was enlightened enough at that time to permit marriage, they did not allow married couples who were residents to sleep in the same bed together. Perhaps they also were just not set up to handle pregnancies. Susan feels differently. "They assumed we weren't normal, that disabled people didn't have sexual desires," says Susan bitterly.

There was one staff member who was very understanding and occasionally put Susan and Art together in the same bed. This was the only opportunity Susan and Art had for any physical intimacy. "Art always said he saw something special in me," relates Susan. "He did so many things for me; he helped me in so many ways; he

spoke for me because I could not speak for myself." Susan laughingly recalls how Art used to say she "talked his tongue off."

After a short marriage, Art again became ill, and in 1978, Art died. Susan has never regretted her marriage, even though it was short-lived.

It was so good to have someone to talk to - someone special to love, to take away the loneliness. Art loved me and protected me. It was so good to have his caring.

Susan now lives in her own apartment and is attending an adult literacy program. She enjoys working as a presenter in an educational and awareness program. She communicates with a Blissymbol board, and knows over 1000 symbols.

How proud Art would have been to see the many new ways in which Susan shows how special she really is! How far she has come since their days in the institution!

Susan has tasted love. She has reached out and held in her hands, if only for a short while, something that is eternally hers, that no one can ever take from her.

It doesn't matter how many good friends a person has, no one can take the place of that one special person. I am proud that Art's name still lives through me, and Art still lives in my mind and in my memory.

§

apple



french fries



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Word Prediction in MS DOS Land

JEFF HIGGINBOTHAM,
CAROLYN BAK, ANNE DRAZEK,
CATHY KELLY & KRISTIN WHITE

This technology review is an outcome of a graduate research seminar in augmentative communication in the Department of Communicative Disorders and Sciences at the State University of New York at Buffalo. Over the course of the seminar, Carolyn, Anne, Cathy, Kristin and Jeff discussed numerous issues relating to technology evaluation and design and then attempted to put their efforts to practical use by evaluating several word prediction programs reviewed below.

What is word prediction?

Word prediction is a technique used with microcomputers to facilitate text composition by providing the communicator with several "likely" choices for the word or phrase being typed. At present there are no fewer than 15 software programs providing word prediction for MS-DOS, Macintosh and Apple II computer systems.

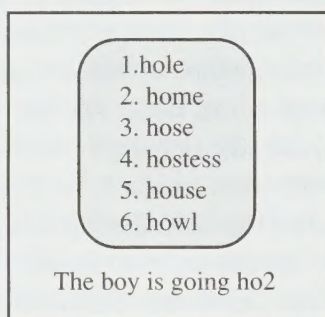
In this issue, we will begin a two part series evaluating word prediction programs. This time we will introduce 5 prediction programs currently available on MS-DOS machines. In the second installment we will evaluate their performance and ease of use. So let's get down to it!

How Word Prediction Programs Work

As shown in Figure 1, word prediction programs typically present the communicator with a list of word possibilities on the computer screen. If the desired word appears

in the list, the typist can select the word by typing its associated number or function key, or by clicking on it with a mouse. The selected word will then appear in the appropriate point in the word processing document. If the desired word isn't located in the list, the typist continues to type until the word appears in the list, or until the word is spelled out.

Figure 1: WORD PREDICTION



Prediction Strategies

Word predictors may employ one or more strategies to make word choices. They are:

Spelling - As the typist types out a word, the predictor presents words similar to the word being spelled. All prediction systems incorporate some type of spelling strategy.

Word Frequency - Words which occur more frequently in the English language or are more frequently used by the typist appear early in the prediction list.

Word Recency - Words that have recently been typed appear early in the prediction list.

Word Association - The prediction program keeps a table in memory noting the frequency with which words follow one another. Those words which frequently follow the just-typed word appear early in the prediction list.

Grammar - Some programs tag their standard vocabulary according to their grammatical form (e.g., noun, verb, preposition). These words are given priority for early prediction.

Topic - Sometimes words are tagged

according to their topic. If a particular topic (e.g., social studies) is selected by the typist, words tagged for that topic are given priority for early prediction.

Why Word Prediction

It is our opinion that the utility of word prediction programs is not well understood at this point. Both their advertised advantages and potential drawbacks have not been researched to any depth. We will try to present some of these issues here.

Typing efficiency. Keystroke savings for word prediction systems may range between 20 and 50 percent, depending on the prediction strategies employed by the program, the writing style of the typist and the particular typing task. For typists who are slow or fatigue quickly, keystroke savings may result in improved typing performance.

Word choices/spelling assistance. Word prediction programs reduce spelling errors by providing correctly spelled words to choose. Because they limit word choices, they may also provide the type of structure required for some atypical learners to acquire written literacy skills. Current work at the University of Edinburgh and at Children's Hospital in Boston have focused on the use of prediction programs for teaching writing to students with typical and atypical learning styles. Anecdotal accounts suggest that if the vocabularies are developed properly, prediction programs may facilitate the development of written literacy skills.

Possible Limitations

Two types of criticisms are frequently directed at word prediction:

Perceptual & Cognitive Demands. First, for relatively fast typists (> 15 wpm), word prediction programs may slow down the typist because he/she must look up from the keyboard to search the prediction list after each

key typed. Besides repetitively searching the prediction list after each newly typed letter, prediction programs may make the text composition process more difficult by requiring the communicator to perform additional tasks (e.g., look up from keyboard, search prediction list, locate and press associated key) in order to construct a word or sentence. Increases in the perceptual or cognitive difficulties related to the writing task could contribute to forgetting and confusion and the amount of time needed for text composition.

Imposing Vocabulary Choices. Instead of liberating the writing process, word prediction may influence typists to rely upon the prediction list to provide word choices, rather than upon themselves.

Spelling Errors. Because word prediction programs don't "know" whether a word is spelled correctly or not, new words learned by the program will be displayed even when misspelled. This could be used by the typist, thus reinforcing poor spelling habits.

While resolving the pros and cons of word prediction awaits further study, it is prudent for us to evaluate word prediction programs for relative strengths and weaknesses in the areas discussed above.

The Evaluation Process

The following prediction programs were chosen for evaluation based on software available to the seminar members in August, 1991. Each member examined a single program, then discussed her evaluation with the group during a weekly meeting. The Augmentative Technology Evaluation (ATE) protocol developed by Jeff Higginbotham was used to evaluate the programs. In this article each prediction program is described and a comparison is made of the features of each program. Performance/learnability evaluations will be discussed next time.

Key Wiz (version 3.19). One of the first prediction programs, *Key Wiz* has

been commercially available to MS-DOS users since about 1984.

Through its refinement over the years by its developer Walt Woltoz and Words+ Inc., *Key Wiz*, with its voice-output counterpart *EZ Keys*, remains a highly stable and well constructed piece of software, offering screen and keyboard modifications, word prediction and abbreviation-expansion. It is a memory resident program which loads into the computer's memory, available for use with standard word processors, database and telecommunication software.

HandiWord(version 2.18). Another memory resident application, *Handiword* is the prediction and abbreviation-expansion component of several software programs and utilities offered by Microsystems Software for computer assisted speaking and writing.

PAL(version 1.02s). Developed by Alan Newell and colleagues at the University of Edinburgh in Scotland, and distributed by Scetlandar Software, *PAL* represents the lowest cost and most thoroughly researched software program evaluated here. Presently it is offered only as a writing aid, although a voice output version is being considered. When purchased, *PAL* also comes with its own wordprocessor *PALSTAR*.

*WriteAway (beta version).**Write*

Away was evaluated in its final beta version. Unlike the other prediction programs, *Write Away* is a self contained application specifically tailored to the academic environment. *Write Away* was developed at Children's Hospital in Boston, Mass. *Access 1-90(version 1).* Another new program, *Access 1-90* by Adaptive Communication Systems may be regarded as the "Cadillac" of word predictors. This memory resident program is feature laden and offers users a pull-down menu interface. The program is loaded on the computer as a series of modules, allowing the clinician or user to load just those features that will be used.

Tables 1 - 3 summarize our evaluation of the features of these prediction programs.

Hardware and Software Considerations

The predictor programs were first tested across a variety of MS-DOS platforms (PC,XT,AT,286,386), both IBM and clones. We were able to successfully run all programs across all computers tested, except *Access* which gave us problems with some clones. Although ACS sent us hardware and software fixes, we were only able to get *Access* to run on IBMs. Also Words + has previ-

TABLE 1: HARDWARE AND SOFTWARE REQUIREMENTS

	WRITE AWAY	PAL	ACCESS I-90	HANDI WORD	KEYWIZ
Hardware Compatibility: (IBM)	PC(8080)	PC(8080)	XT(8086) (1)	PC(8080)	PC(8080) (2)
Minimum DOS:	2.1	3.2	3.1	3.0	3.1
Minimum RAM:	586K	640K	384K	640K	640K
Type of Application (3)	SA	MR	MR	MR (4)	MR
Word Processor Compatibility (5)	N/A	WS;BS;MW	WP;WS; BS;MW	WS;BS;MW	WS;BS; MW; (6)

(1) Had difficulty running some clones (need to contact ACS).

(2) Does not run on some NEC portables using V32 CPU.

(3) SA=Stand alone; MR=Memory resident.

(4) Program dictionary is kept on disk.

(5) WP=WordPerfect 5.1; WS=WordStar; BS=Bank Street Writer; MW=Microsoft Works.

(6) WordPerfect 5.1 may be used if special adaptations are made to the system or program.

ously reported incompatibilities between its software and MS-DOS computers using V32 CPUs. All programs could run off of floppy and hard disk drives, however hard disks are preferable for maximizing performance, especially for *Handiword* which accesses the disk drive after every keystroke. The prediction programs could be displayed on every monitor (e.g., CGA,VGA, monochrome) and monitor/graphics card we used. Color was not a requirement with any system although some of the programs (e.g., *Access*, *PAL*) could make use of color.

We assessed compatibility across wordprocessing platforms by running each predictor (except *Write Away*) with WordPerfect 5.1, Wordstar(version 4.00), BankStreet Writer Plus and Microsoft Works (version 2.00a). It should be mentioned that this evaluation was somewhat cursory and did not explore any program in depth. As noted in Table 1 we were successful in running all the predictors with Wordstar, BankStreet Writer and Microsoft Works. Only a stripped down version of *PAL* could operate

with WordPerfect. *KeyWiz* requires additional utility software (call Words +). *Handiword* could run with WordPerfect across some systems but not others.

Software Description

Vocabulary Size. All prediction programs came with 1 or more vocabulary sets. As noted in Table 2, they vary from 750 words (*WriteAway*) to 5000 words (*PAL* large vocabulary set). Even though the initial size of the predictor's vocabulary may not be as important as its ability to learn new words, size may impact on initial keystroke savings. Most predictors allow editing of the vocabulary within their system. All the predictors evaluated here allowed for the use of different vocabulary files, however, only *Write Away* was designed to permit the merging and removal of special purpose vocabulary sets. This feature was developed to allow for the selective prediction of special purpose topical vocabularies (e.g., school subject areas, work related topics).

Prediction Algorithms. All programs utilized some type of

between word prediction scheme; that is, they attempted to predict the next word before it was typed. While *PAL*, *Access* and *KeyWiz* utilized a dynamic prediction technique which predicted words based on word association and word frequency, both *WriteAway* and *Handiword*'s initial word list are static, but user modifiable.

The programs also differed with respect to the strategies each employed to predict words once they began to be spelled. *Pal*, *Access* and *Handiword* continually update their prediction windows according to current frequency of use. *WriteAway*, and *KeyWiz* employ fixed prediction windows which can be updated or modified by the user (for *KeyWiz*, new words are automatically appended to the vocabulary lists and appear only after the previously stored vocabulary with similar spellings are displayed). The sample vocabulary set for *KeyWiz* is based on frequency of use and thus designed to promote both consistency and efficiency. It should be noted that a dynamic prediction system may reduce keystrokes in some cases; however this strategy may require more of the typist's attention to use.

Three of the five programs could automatically recognize and learn new words. The other two required additional keystrokes to store each new word.

Adaptability and Access

Because of the unique physical, perceptual and cognitive styles of many communicatively challenged persons, word prediction programs should be readily adaptable to meet specific needs. As can be seen in Table 2, the programs reviewed are, for the most part, easily adaptable.

Screen Modification. *Access* stands out in terms of screen customization, allowing color and intensity customization of the background screen, text and menus, as well as custom placement of the

TABLE 2 DESCRIPTION AND FEATURES OF PREDICTION PROGRAMS

	WRITE AWAY	PAL	ACCESS I-90	HANDI WORD	KEYWIZ
Standard Vocabulary Size (in words)	750	1000(S) 5000(L)	1950	3200	2200
# Words in prediction Window	7	5	6	8	6 (1)
Prediction Window Configuration (2)	V:B	V: T, B	V:C	H: T - B	V: C (3)
Prediction Window Learns new Vocabulary	permanent manual	blinking automatic	blinking automatic	permanent manual	permanent automatic
Prediction Algorithm (4)					
Between:	S:SP:P	D:F	D:F	S:L	D:F
Within:	S:SP:P	D;F;SP	D;F;SP	D;F;SP (5)	F;P;SP

(1) Prediction list is presented in alphabetic order.

(2) V=vertical; H=horizontal; T=top of screen; B=bottom of screen; C=custom placement .

(3) The prediction box may be placed in any of the four corners of the screen.

(4) D=dynamic; S=static; F=frequency/recency; P=preset word values; L=default word list; SP=spelling.

(5) Modifiable by the user; up to 30 potential items.

TABLE 3: ADAPTABILITY AND ACCESS

	WRITE AWAY	PAL	ACCESS I-90	HANDI WORD	KEYWIZ
Screen Size (Columns)	40/80	40/80	no (1)	40/80	no (1)
Modify Display Color	no	yes	color (2)	color intensity	no
Keyboard Overlay: (3)	Q; A; C	Q	Q	Q	Q; A; C
Modify Selector Keys	No	Yes	Yes	No	No
Access Methods (4,5)	D;S	D	D; S; M	D	D;S;M
(1) Additional utility program required. (2) Foreground/background highlighting. (3) Q=QUERTY; A=Alpha; C =Custom. Other companion programs may allow for custom keyboard overlays. (4) D=Direct Selection; S=Scanning; M=Morse Code (5) Further modifications may be obtained through the use of Alternate input adaptors (e.g. PC Serial Aid).					

prediction window. The only major drawback of *Access* is its inability to alter the size of the prediction window and screen text. Other programs offer some of the same features, but not as many as *Access*.

Keyboard Modification. In terms of available keyboard layouts, *WriteAway* and *KeyWiz* offer both QWERTY and alphabetic arrangements, whereas the others only offer QWERTY. *WriteAway*, *PAL* and *Access* permit customization of the prediction selection keys (numbers, function keys), whereas *Handiword* and *KeyWiz* use number keys. All programs permit customization of keystroke acceptance time, and keyboard latching (maintains keypress on shift, alt, control keys), autorepeat, and keyclick, except *WriteAway* which allows latching only.

Alternate Access. In order to accommodate persons who cannot select keys directly, four out of five programs incorporate scanning and/or morse code access (*PAL* offers only direct selection). We suspect that all programs can be used with PC Serial Aid or some other alternate input device, however this has not been tested to date. *WriteAway*

provided the most integrated scanning technique. By selecting scanning from the menu, an easy to see, linear scanning array appears at the bottom of the screen and all parts of the program become immediately accessible through scanning. *KeyWiz* and *Access* offer similar scanning systems (small windows) which are integrated with their predictors. *KeyWiz* also offers a morse code interface.

For the June Issue

Next time we will finish our descriptions of these programs and evaluate their performance and ease of use.

Manufacturer's Information

Keywiz / E Z Keys (\$695 / \$1195)
 Words +, Inc.
 P.O. Box 1229
 Lancaster, CA 93584, USA
 Tel:(800) 869 - 8521

Handiword (\$295, Handishift \$49, HandiCHAT \$195)
 MicroSystems Software, Inc.
 600 Worchester Rd., Farmington, MA 01701, USA
 Tel:(508) 626-8511

PAL (\$45)
 Scetlandar Software Limited
 74 Victoria Crescent Rd.
 Glasgow G12 9JN, UK
 Fax: 041-357-5034

WriteAway (Price not available at this time)
 Institute of Applied Technology
 Boston Children's Hospital
 300 Longwood Avenue
 Fegan Plaza
 Boston, MA 02115, USA
 Tel: (617) 735-6486

Access I-90 (\$995)
 Adaptive Communication Systems, Inc.
 Box 12440
 Pittsburgh, PA 15231, USA
 Tel: (800) 247 - 3433

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Starting Small with Technology

KATHY SOULLIERE &
ROBERT HAAF



This issue's Teaching and Learning article comes from Kathy Soulliere. Kathy is a teacher at the Children's Rehabilitation Centre (CRC) School in Windsor, Ontario, Canada, where, for over ten years, she has taught children who are physically and/or neurologically challenged. Her role as a special educator and resource teacher in augmentative communication is one that is relatively unique, but as she describes here, many of her problems and concerns are common to many of us in the field. Take it away, Kathy.

Where does one begin the monumental task of providing augmentative communication resources for educators, therapists, teaching assistants, parents, and (most importantly) the student? Too often, I run out of hours in a day. Where do they go? I'm sure I'm not alone in this dilemma! When you work with a child with special needs, you are also working with a number of people involved with that child and quite possibly, all the "equipment" - wheelchair, splints, computer, communication aid, switches, adapted toys... the list goes on.

However, I've made a startling discovery - one I'm sure will astound you. Keep the **child** as your main focus, your main objective, always and forever! Well... of course, you say; that's common sense. We all do that, don't we? If you have succeeded in doing so, one-hundred percent of the time, congratulations. You're a far better person than I. But don't you find, just once in a while, that in this line of work the technology is just a little bit of a barrier between you and the child? Don't you find yourself sometimes thinking of a student and only picturing the computer he/she works on or the voice output communication aid with which he/she communicates? Come on now, be honest.

The need for an augmentative communication resource teacher has grown as the population of our Centre grew in its "high-tech" needs. The more limited an individual is in his/her access to computers, the "higher" the technology becomes. Hence, you have the problem of orienting staff members, parents, therapists and everyone associated with the child to his/her "system". I really shouldn't call that a problem. It's more of a necessity because people tend to relax more around the "technology" if they have the opportunity to familiarize themselves with it to the point of being comfortable. People need to be comfortable with "troubleshooting", as those little nuisance problems tend to occasionally occur with anything mechanical.

Alas, this is how my half-time position as augmentative communication resource teacher evolved - trying to fix these problems! I presently teach in the classroom each morning (in a class of six physically and developmentally delayed children), and then provide resource

support every afternoon.

How does one keep the child as the main focus while dealing with Unicorn Boards, AFC's, KE:NX, scanning arrays, mouse-emulation, macros, large-screen monitors, HyperCard? HELP!!! Have you had the recurring nightmare where the scanning array doesn't stop and keeps getting faster and faster...? (Please, psych students, don't analyze that one!) Do you get my point? The technology is awesome, and yes, it has opened many doors for our students, but... why does it seem so formidable? Why is the computer still scaring so many people?

Well, this has become a major concern this year - bringing the child to the foreground and keeping everything and everyone else the background - ready and willing to help, but only when needed.

One of the most important things I've learned from this job (so far) is how essential it is to have team members working together in decision-making concerning the child. It's very important, as well, to have the child helping to make those decisions, whenever possible. What a relief it is to realize that you are not the sole decision-maker! Why should you be? Behind every special child, there is usually a special team. However, to achieve these goals, I am constantly having to keep the lines of communication open with everyone. For example, when it comes to software selection in the classroom, I first find out about the teacher's educational plans for a particular student. Then, with the help of the teacher and student, we look at the software (the pros and cons) and develop a method for making it easier for the child to use that program. If access is an issue, I enlist the aid of the occupational

therapist.

I try to maintain regular in-service sessions. When I first started doing in-service with my staff, I quickly discovered that one session on a topic was not enough. First of all, the groups tend to be too large. Ideally, everyone should be at a computer (if that is what you're working on that day). Most people **have** to go through computer training HANDS-ON. Merely demonstrating how one creates custom overlays on a Unicorn Board Using KE:NX probably won't be terribly successful. So, my in-service workshops are small. They are presented in a user-friendly manner (I hope!). When I provide notes on a topic, I try to keep them in a step-by-step format, which is usually easier to understand than the computer manuals. My feeling (and my experience) is that once a person becomes really comfortable, and I mean *really*, then the computer doesn't seem as formidable anymore.

Oh - I think we're starting to see the child's face now, instead of the CPU. Actually, it doesn't happen this quickly. But it can and will happen if the people in the background take an active part in learning a child's "system" - whether it be a computer system or a communication system, high-tech or "light"-tech. Yes, it may mean having to pick up that dreaded computer manual and balancing it on your knee while you read it step-by-step at the computer. Or it may mean sitting down at the computer and learning the software yourself before you give it to a student to use.

Most of all, keep in mind how important it is to get to know the "machine" so that you aren't afraid of it. Hey, I've been there - I know! You should have seen me the first time I had to program a Light Talker™. I broke out into a cold sweat! I had no technology background when I began all this. As a

resource teacher, though, I've discovered something wonderful - to rely on other resource people. I phone people, I FAX people, I write letters, I check manuals, journals, newspapers - anything that will help make all that "equipment" less intrusive so that I can **see** the child!

Sometimes, training people to use the software is the best place to start. When the teacher or parent becomes comfortable with the functions needed to operate a program (e.g., return, spacebar, arrow keys, escape), then programming the Unicorn Board with these functions probably won't seem so frightening.

Training is so important! Training people to not be afraid to ask questions is really important. People often confess that they are computer-illiterate, or that voice-output communication aids frighten them because "what if they break down" or "what if I can't understand what the person is trying to tell me", and "they make all those funny beeps and noises and everything". Then they always get that look on their faces, like they've committed some horrible crime. Relax. It's no crime to admit that you are human. It's okay. Start small. Get to know the child's system. Ask for help, or read a manual, or both. Get to know some of the software. You'd be surprised how "Printshop" can be used in an academic capacity — it's not just for making birthday banners anymore!

Recreational software can be a real motivator. Many times it can be educational as well as fun. It's great for computer-training because the games will keep the child's interest much longer. The amount of soft-

ware that falls into the "very good to excellent rating scale" has certainly increased over the years. I am very impressed with the quality of sound, graphics and content of a tremendous amount of software on the market today. Programs like Kid Pix for the Macintosh, Big & Little and Muppet Slate for the Apple II (some of my personal favorites!) have made using the computer in the classroom more fun for students **and** teachers!

In summary, I'd just like to stress the importance of... well, I hate to say "starting small with technology". Rather, it's a process of becoming familiar with certain aspects of a computer system or voice output communication aid, and then moving on to the next step. It's too overwhelming a task to take on all at once - especially for teachers in classrooms with a variety of computer set-ups and communication aids. Don't hesitate to seek support and someone to train you! However, continue to have the initiative to carry on and apply your new skills in your classroom or with your client. Never stop learning!

Keep a focus. Hopefully, that focus will be the child. If you don't lose sight of that face, that individual, you probably won't lose sight of your goals — to provide the best means of communicating and learning for that special child.

§

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- Hundreds of new symbols in the area of sexuality.

(See page 13 for address to obtain further information)

Sexual Development and Disabilities: Myths and Realities

Geb Verburg

*For the writing of this column I have had the good fortune of being able to obtain the help of a person who has counselled, lectured, and held workshops on the development of sexuality in children and adolescents. Janet Quintal is a psychometrist at The Hugh MacMillan Rehabilitation Centre and is very interested in the sexual development of children with disabilities. Much of what follows is based on a paper entitled: **Issues in the development of sexual identity in children and adolescents with physical disabilities** (Quintal, 1987).*

My goal is to share insights about the growth of sexuality through childhood and into adolescence. I will focus on children who are nonspeaking and the particular problems that may be unique to the nonspeaking child.

A Journey of Discovery

There are many ways in which children learn about sexuality. The things that are important for a healthy development of sexuality include an understanding of one's body and bodily functions, a sense of self-worth, a positive self-image, and a sound knowledge about sexuality, its pleasures, consequences, risks, and the means of reducing the risks. Part of this healthy development consists of body explorations, hugs and cuddles received as a baby, as an infant, and as a child; it includes children's games, adolescents' dating experiences and of course the more formal chats with mum and dad and the ("sex-ed") lessons taught in school. However, I believe that by far the most influential teachings about sexuality emanate

from peers, in social, playful, or exploratory interactions.

Already, you will see in this thumbnail sketch of developing sexuality that a child who has limited control over his or her body and body parts and who therefore may have limited access to his body and to physical contact with adults or other children is probably already at a serious disadvantage. If the child is also nonspeaking then s/he is likely to have many experiences that are compromised in the development of concepts and experiences around sexuality and in the development of peer and social relationships. Sexual development then truly becomes a journey of discovery and improvisation. A journey which is made more difficult by the myths about disability and sex which exist and which we will discuss at some length.

Myth # 1: Not Asexual

Quintal (1987) identifies a number of myths about sexuality and persons who have disabilities. Perhaps the biggest myth is the mistaken belief that persons who have disabilities are asexual. This belief is false. Persons with disabilities have the same feelings, the same physiology, undergo and experience the same physical maturation, and feel the same needs as persons who do not have disabilities. They are fully entitled to express themselves sexually and to experience their sexuality. A person who has a disability is not asexual.

Landmarks

Sexual development begins with the first touch, the first cuddle, the first smile. Gender identity, i.e. when a girl knows that she is a girl and not a boy and vice versa occurs by approximately 3 years of age. Physical sexual maturity occurs between 9 and 13 years, and later in boys than in girls. A teenage girl who is disabled has

periods as do other girls and a teenage boy with disabilities has wet dreams. The urge, wish, or desire to date has the same allure, the same tensions, the same anxieties, and many more difficulties for persons who have disabilities.

Persons with disabilities do get married. Very few. Quintal (1987) cites a study carried out in Montreal that showed that a very small percentage (less than 10%) of adults with a disability in that particular study were married. At the same time a large percentage (more than 50%) had never had "physical sexual contact with another person". These data are about 15 years old and things have changed but not enough yet.

For those with disabilities, the landmarks of development take place at about the same time as for non-disabled; the sensations, the physiology, and the emotions are the same; the needs are the same. But the growth and development, execution and implementation are different.

Differences

Infants play with their bodies, put their feet in their mouths, get picked up, hugged, cuddled, goo-goo-ed and ga-ga-ed over and in general control a large array of childish behaviour produced by otherwise decorous grown-ups. The toddler lifts up his/her arms and a willing adult will pick him/her up. A child screams and a grown-up comes running. Even being quiet longer than usual can elicit a reaction. Not that a child is necessarily manipulative, but there is often a sense of play, fun, learning, of trial and error that characterizes the transactions of a child and an adult. All these exchanges, whether physical or virtual (by eye, ear, and/or voice), help the infant to learn about him/herself and about others.

When a child has a disability, parents may initially be more careful

with their child, i.e. not pick their child up freely, or may be physically unable to hug their child (who may be in an incubator or in a chair with a lap-tray). Other grown-ups and children may be reluctant to cuddle or to engage in physical contact or in rough and tumble play because it may hurt or injure the child. So children, who are already less able to learn about their own bodies, are further hampered.

From the point of view of parents, the issues of sex and sexuality are not always easy to deal with. Sex, sexuality, genital play, masturbation are still not entirely easy topics for parents to discuss with children or to approach in a positive way. I would guess that this does not get any easier when your child is disabled and nonspeaking. I would hope that you as parents can find the right tone, the right attitude to discuss sexual issues openly with your child.

AAC device users are often physically impaired and have multiple handicaps. As well as being unable to explore their bodies with their hands or vicariously by being bounced around by adults or by physically exploring or wrestling with other children, nonspeaking children cannot easily learn about gender appropriate words or expressions. They cannot participate in the innocuous games of 4, 6, and 8 year olds when they find a corner of the playground, home or classroom and take turns saying slightly off-colour words, or telling "dirty" jokes. Unless their boards or VOCAs have the proper terms or phrases, questions about sexuality or about feelings of arousal cannot be asked.

A child whose communication device does not allow him/her to use risqué but age appropriate expressions, and whose symbol board may not make a clear distinction between male and female pronouns, may be delayed in his/her sexual development and may experience gender identity confusion. How can a teenager who has no words for necking, dating or fondling and who has no "come-ons", date, explore love, and

construct his or her sexuality?

Must Haves

I think the least that children with disabilities should have is access to age-appropriate vocabularies with public and private messages concerning sex and sexuality. I also strongly feel that children who are disabled should under no circumstances be excluded from "sex-ed" and physical education classes. Of course, the disability must be acknowledged and the program adapted, but that should go without saying.

More Myths

I will take the next seven myths directly from Quintal (1987).

Myth: Persons who have disabilities are dependent and childlike and need to be protected.

Myth: All disabilities are inherited so therefore persons with disabilities will have offspring with disabilities.

Myth: Persons with disabilities should court and marry only other people with disabilities.

Myth: Parents of a child who has a disability don't want sex education for their child.

Myth: Sexual intercourse culminating in orgasm is essential for sexual satisfaction.

Myth: If a person with a disability has a sexual problem it is almost always the result of the disability.

Myth: If a non-disabled person has a sexual relationship with a person who has disabilities it's because the able-bodied person cannot attract anyone else.

None of the above statements are true. They are all myths, and I'm embarrassed that I have to write some of them because they seem so obviously false.

Realities

One of the key determinants of healthy development, including sexual development, is a positive sense of self-worth or self-esteem. This is a difficult concept to measure exactly but one that is fairly easy to assess subjectively. It is about how a person feels about herself/himself. The need for a positive and

realistic sense of self-esteem is something that we do not outgrow. You and I need it as much as our children.

Sexual expression is a basic right as I stated earlier. Again, from Quintal, it is a reality that

for some people there will be physical restrictions that make some form of sexual expression difficult, but with knowledge, self-confidence, imagination and patience almost all can have satisfying sexual relationships. All adolescents need the opportunity to talk about and learn about sexual issues because accurate information is essential.

Accurate information also includes information and assistance if necessary in the use of contraceptives; and, I would add, realistic information about the threat of sexual abuse.

Teenagers and adults must be allowed to take risks. The only safeguard that parents have is the same as that of all parents, making sure their child, teenager, adolescent or young adult has the knowledge, information, and tools to make responsible decisions and take wise actions.

Persons with disabilities have the same sexual needs as persons who are not disabled. They should be able therefore, to take the same risks as their able bodied peers. They should have access to and receive as much as possible, or more, of the same treatment, the same experiences, and the same education that can help them develop to sexual maturity - not just physically but socially and psychologically. Above all, let's make sure that they have the words or the symbols they need as well as the opportunities and the persons to ask their questions.

§

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Vulnerable

Susan Webber
Sachi Tamura



Susan Webber is a consultant with the Community Support Team for adults with intellectual disabilities in Victoria, British Columbia. Since 1978, Susan has been involved as a one to one worker, a supervisor, and a consultant in programs for individuals with special needs in residential, vocational and recreational areas.

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Kardel Consulting Services provides community-based professional services to people with intellectual disabilities, involving consultation to caregivers, families and some direct service to clients. We are frequently asked to consult in situations where there have been allegations of sexual abuse. Recently we have been involved in two court hearings in which the victims were dependent on augmentative communication systems. We were dissatisfied with the outcomes in both cases because we felt that augmentative communication

users were so poorly represented. We are now trying to identify some strategies to decrease the vulnerability of people with disabilities and to provide a safer environment.

Definitions and Background

Sexual abuse is defined as non-consensual, imposed or enforced sexual activity that infringes on the inviolacy of another person.

Experts estimate the incidence of sexual abuse of people with disabilities to be about 150% greater than that of the non-disabled population (Sobsey, 1987). A 1986 study reports that at least 83% of the women and 32% of the men with developmental disabilities in a work activity centre had experienced prior abuse. Several other studies have indicated that 99% of victims with disabilities were assaulted by someone known to them, including individuals paid to provide service and care. We also know that the more severe a person's disabilities, the more likely they are to be abused (Senn, 1988).

Regression, withdrawal, and emotional reaction commonly follow sexual abuse. This may aggravate or mimic intellectual or behavioral problems. Consequently, manifestations of the effects of sexual abuse may be misrepresented as part of a person's intellectual impairment (Sobsey, 1987).

Augmentative communication users are probably the most vulnerable of a vulnerable population. Most often they do not have the vocabulary to disclose incidents of sexual abuse. The techniques and support required to allow a victim with minimal communication skills to make a disclosure severely limits their effectiveness in court. Often abusers rely on the knowledge that victims cannot speak, testify or provide victim impact statements, and choose their victims

for these reasons.

Recently the violent sexual assault of a woman from Victoria B.C. resulted in a sentence of ninety days to be served on weekends. As this woman's communication skills were quite limited, it was only the extent of her physical injuries that brought about the charges. The reasons for a light sentence were based extensively on the word of the accused. No recognition was given to the changed communicative behaviour of the victim. In fact, the limitations of her communication allowed the court to entertain quite comfortably the notion that she was unaffected by the whole experience. The light treatment of such a violent crime sends a favourable message to those whose abuse shows little or no physical evidence.

Reducing the Risk

Augmentative communication users and facilitators need to be aware of the increased risk of abuse that exists. We must recognise the crucial need to create an environment that is safe and is supportive of positive sexuality. Our sense of self, our identification as a woman or man, and our confidence and esteem are all connected with our feelings and thoughts about our sexuality.

In order to decrease vulnerability and encourage positive sexuality in the lives of people with communication impairments we will examine the skills and awareness needed by the augmentative communicator, the facilitator and the support network.

The philosophy statement developed by Griffiths, Quinsey & Hingsburger, (1989) provides the context for this exploration:

All people have sexual feelings. People have the right to expression of those feelings, to education and to the right to privacy which allows appropriate expression of those feelings. An

individual's manifestation of their sexuality may encompass relationships with others and/or auto-erotic sexuality. All people have an innate need for loving relationships and have the right to choose their own method of sexual expression providing that:

1. the other party is consenting and age-appropriate;
2. the appropriate time and place is chosen;
3. the behaviour is within the range permitted by society (this varies across time & cultures);
4. the rights and responsibilities of the relationship are observed.

Being safe and having positive sexuality in our lives affects very fundamental aspects of our being. It is essential to learn basic sexual information, the nuances of relationships, interpersonal skills, sexual attitudes and beliefs, as well as sexual safety rules. It is the ongoing enhancement of a person's self-esteem and the development of assertiveness skills, however, that allows the application of this knowledge. The augmentative communication user needs a sense of personal power and ownership of self as well as the skills and knowledge to initiate important topics.

Facilitators can assist the augmentative communication user in the development of these skills and encourage their application, but they must be vigilant that the control stays with the individual. A support person faces the dilemma of trying to understand and respond to another person's sexuality. Personal account and observation are the two sources we tend to rely on to know another person's needs. These techniques have severe limitations when trying to understand the sexuality needs of another. A person who has communication impairments may not have the skills or vocabulary to share their concerns. To rely on observation is tainted by the observer's own values, experiences and interpretation. A good understanding of the previously stated philosophy provides a safeguard to the imposition of our own standards and

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values onto another person.

Facilitators should receive training regarding issues of sexuality, the need for positive sexuality in people's lives and the indicators of sexual abuse, so that they may intervene quickly into a dangerous situation as well as provide ongoing support.

Strengthening the Environmental Support System

Recent studies suggest that there are two main ways in which the environmental support system of augmentative communication users may be failing to provide protection from sexual abuse. First, the system may be unintentionally exposing people to caregivers who are abusers. Second, the system may not be ensuring that offenders are reported so that they might be prosecuted for their crime (p.36 Hass & Brown, 1989). There are many problems to be surmounted to overcome these obstacles.

The recent statistics regarding offenders state that 96% are known to the victim, with 67% in the role of caretaker. The existing screening mechanisms - interviews, criminal record checks, and references - even if

enacted are inadequate to identify all potential offenders consistently. Most employers lack an understanding of the profile of an offender to be able to ask appropriate questions in an interview. Few offenders, particularly when the victim is nonspeaking, are ever identified, let alone charged. It is always possible for an offender to get positive personal references. Even though there are many flaws in the utilization of screening mechanisms, just the existence of a screening policy will heighten the awareness of the issue of sexual abuse and may deter potential offenders from applying at such an agency (Hass & Brown, 1989).

Barriers to Reporting

Agencies need to have policies outlining the procedures to follow regarding the disclosure of sexual abuse. There is no Canadian legislation requiring the reporting of any disclosure of sexual abuse of a dependent adult. There exists much confusion over how to proceed. The end result of that confusion often allows the offender to remain unidentified and free to re-offend.

There are three barriers to the reporting of sexual abuse: the confi-

dentiality ethic of the frontline caregiver, the restrictive sexuality policies of an agency, and the way agencies handle reports of sexual abuse (Hass & Brown, 1989).

Many caregivers feel that they must under all circumstances respect a client's right to privacy. A survey conducted by Hass & Brown (1989) suggests that a large percentage of caregivers with information of sexual abuse who are bound by an agreement of confidentiality never break this agreement and report the incident. This confusion could be remedied by a policy stating the requirement to report incidents of a criminal nature. The client will be informed at the start of any client-caregiver relationship that there is a rule to report in place. In this way the relationship of trust should not be detrimentally affected.

Many dependent adults live in situations that do not allow sexual expression. These restrictive sexual policies reflect an historical perception of people with disabilities as being non-sexual. This attitude increases a person's vulnerability to abuse and becomes a major barrier to reporting since caregivers may not recognise indicators of abuse or may not believe the person's disclosure.

Agencies should state in their policy the process by which disclosures will be reported to the proper authorities (i.e. police, social services) and ensure that an independent skilled person investigates the allegations. The tendency by many agencies to handle disclosures internally results in many offenders staying in the caregiver system. Many factors contribute to an agency not believing the disclosure: fear of bad publicity, loss of funding or disbelief that a co-worker would do such a thing (Hass & Brown, 1989).

We must make the environment as safe as possible for augmentative communication users. Many studies, as previously mentioned, suggest

that many people with disabilities may be or will become victims of abuse. By the same token there are many potential offenders. The lack of convictions makes it difficult to identify these people. We must work to perfect our ability to screen them out of the caregiving network.

Augmentative Communication Perspective

What can those of us working in the field of augmentative communication contribute to giving our clients an opportunity to avoid or deal with abusive situations? We are only beginning to address some of these issues, but here are a few suggestions from our recent experience.

1. Work with people who are providing sex education and counselling services to ensure that augmentative communication users can be included in their mandate.
2. Alert service providers to augmentative communication strategies that can facilitate communication should a client have the need to disclose abuse.
3. Consider the implications of the overwhelming incidence of sexual abuse. Ensure that your clients have access to vocabulary and strategies that can define a range of experiences, not just those with which we feel comfortable. Even conservative estimates suggest that our clients are much more in need of vocabulary that will free them from sexual abuse than vocabulary for a trip to the zoo or the shopping mall.
4. Work with legislators and legal systems to bring about changes that will ensure justice for those who have been abused and will deter perpetrators from preying on extremely vulnerable individuals. Examples of this work might include:
 - a) educating lawyers and judges about the capabilities of augmentative users
 - b) developing an appreciation within legislation that the nature of augmentative communication may mean that new vocabulary needs to

be provided through a number of techniques and modes and that this should not be construed as leading the witness

- c) ensuring that the client has access to a team of support personnel should their caregiver/facilitator/interpreter be an abuser
 - d) providing guidelines as to how a victim impact statement might be generated for an augmentative communication user.
5. Consider the impact of training positive interaction skills such as the ability to make choices, the ability to express things another way, and the confidence to use all modes of communication.

What can augmentative communication users do?

1. Seek out education/support.
2. Let others know if you feel uncomfortable or uncertain about your experiences.
3. If you are a survivor of abuse, share your strategies and suggestions for survival.

These are a few of the issues on our agenda. We are just beginning to examine how we can provide support to augmentative communication users who are victims, survivors and those at risk. Please feel free to share your ideas with us.

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Vocabulary and Sexuality

SHIRLEY MCNAUGHTON

In the September issue of *SymbolTalk* I identified two important initial questions to be asked in deciding upon graphic symbols for each AAC user: "What are the capabilities and needs of the individual who will use the symbols?" and "What symbol system will allow him or her to develop these capabilities and respond to these needs best?" In this issue, sexuality-related vocabulary items within Blissymbolics and Picture Communication Symbols (PCS)¹ are presented and the reader is invited to apply the above questions to the *sexuality* capabilities and needs of AAC users. The symbol system ('Bliss') and the picture set (PCS) have been selected because of the attention each gives to sexuality vocabulary and to demonstrate two very different types of symbols.

The focus is solely upon vocabulary this issue, knowing that in June we will consider other features of language. Grammar and syntax will be discussed next time as we examine the conceptual clarity and confidence needed by AAC users and the credibility their utterances must have for others.

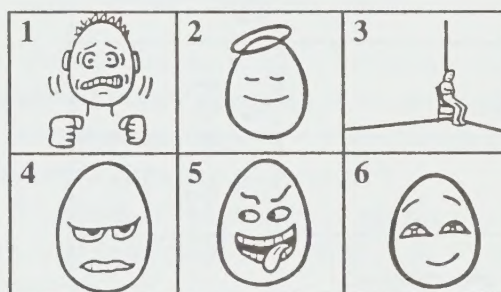
Symbols for Sexuality

Nowhere is a functional vocabulary more vital than in the area of sexuality. Like all individuals, persons who use augmentative and alternative communication (AAC) systems have a strong need to express their feelings, ask questions, share their longings and concerns, seek help with problems, and have their thoughts understood in many areas involving their sexuality. In some instances, regrettably, they need to be able to report abuse and testify in court about violence against themselves. To be able to express one's thoughts with symbols requires first of all a vocabulary representing relevant concepts. The vocabulary must respond to the capabilities and needs of the *individual*. As we examine symbol systems and sets, it would be a great mistake to think that individuals who have not yet mastered reading and spelling can manage effectively with a small and concrete vocabulary. There are many reasons why persons have difficulty learning to read. An inability to process print is never a valid reason to withhold or delay vocabulary.

Talking about Feelings

Expressing their own emotions and their feelings toward others - both positive and negative - is an important aspect of everyone's sexuality. In both 'Bliss' and PCS (and in most commercially available symbol sets and systems) many vocabulary items have been included for this area.

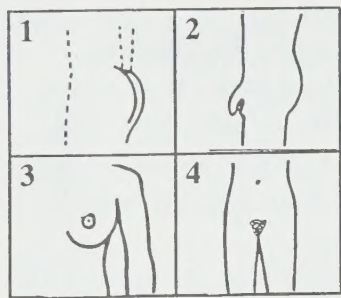
In the symbol examples which follow, the words which typically accompany the symbols have been omitted. This has been done to allow the *SymbolTalk* reader to relate to the symbols as the nonreading symbol user does. An explanation for each Blissymbol is provided, for Blissymbols should never be introduced without the rationale being explained at a level and in a manner appropriate to the learner. The word meanings for the symbols are given on page 23.



1. feeling + forward + two arrows, pointing backward: one arrow is "frustrated" in its efforts to penetrate the opposition of the other two + (description after the fact indicator)	♥ → ←
2. goodness + description indicator: felt to be positive or good in an emotional sense	♥ +!
3. feeling + minus + person + description indicator: feeling of being without companionship	♥ - 1
4. (combination of uncomfortable and upset) + (description after the fact indicator)	♥ ↑ ↓
5. comfort (feeling at rest) + to cancel + description indicator	♥ ⊗
6. (feeling + correct + description indicator: felt to be socially "correct")	♥ ⊕!

Talking about One's Body Parts and Functions

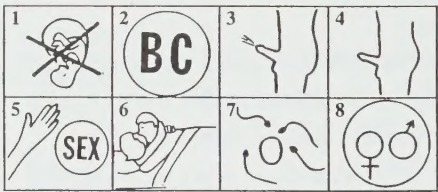
Being able to describe the parts of one's body is another important aspect of sexuality.



1. (body + two pointers, to breasts)	
2. (uterus + pointer, to passage)	
3. (pictograph)	
4. (container + egg)	
5. (tube + egg)	
6. (standing person + pictograph of penis + pointer)	
7. (pictograph)	
8. (liquid + sperm)	
9. (container + sperm)	
10. (tube + sperm)	

Talking about Sexual Activities

Having a vocabulary which includes activities relating to sexual acts gives the individual the opportunity to ask questions of those they trust. AAC users need help in gaining information about sexual-related activities, for they usually do not have the range of social relationships or the independence to access and explore knowledge sources such as libraries and book stores that are assumed to be available to everyone - if one is able-bodied! An example of available vocabulary items is shown below.



1. to cause + miscarriage (to cancel + pregnancy). - pregnancy: (conception + woman)	
2. (to stop + conception)	
3. (erection + sperm + intensity)	
4. (standing person with erect penis + pointer)	
5. (genitals + to touch + pleasure)	
6. (to combine + genitals) - combine: two interlocking circles depicting a connection	
7. (combination of sperm and egg)	
8. (to cause + infertile)	

Vocabulary items for sexual activities from PCS and Blissymbolics

PCS Symbols	Blissymbols			
abortion	abortion (induced)	erection	(spontaneous)	spermicide
affection	abstinence	exhibitionism	nocturnal emission, wet dream	sterilization
birth control	anal intercourse	family	orgasm	stroke (to)
breast feeding	artificial	family planning clinic	planning	transvestite
ejaculation	insemination	fertile	pregnancy	tubal ligation
excited male	barrier contraceptive	fertility counselling	pregnant	umbilical cord
female	birth	fetus	premature birth	vasectomy
homosexuality	birth control	heterosexuality	private	virginity
intercourse	birth control pill, the	homosexuality	prostitution	
lesbianism	Pill	hug (to), cuddle (to)	puberty	
male	Caesarean section	incest	public	
masturbation	celibacy chastity	infertile, sterile	reproduction	
menstruation	conception	intra-uterine device	rhythm method	
oral sex	condom	kiss	sex drive, libido, sexual urge	
pregnancy	contraction (uterine)	labour	sexual arousal, sexual excitement	
prostitution	diaphragm	masturbation	sexual intercourse, copulation	
sex	ejaculation	maturation	sexual pleasure	
sexualdisease	embryo	miscarriage, abortion		
sperm/fertilization				

Talking about Abuse and Violence

We are repulsed by the thought of attacks upon those who cannot defend themselves and we seek ways of improving their situation. In order to effect change in societal attitudes and achieve more sensitive legal support for those with communication and physical disabilities, the victims of abuse must be able to describe what has happened to them. They alone can give the details. They must have the vocabulary (and other language skills) which will allow them to share with others the way in which they have been victimized. The challenge is compounded due to the inexperience and lack of AAC knowledge of the "others" upon whom AAC users must rely. Susan Webber and Sachi Tamura (see *Perspectives* section) advise AAC users to:

- (1) seek out education/support;
- (2) let others know if you feel uncomfortable or uncertain about your experiences;
- (3) If you are a survivor of abuse, share your strategies and suggestions for survival.

Language power must be given to the AAC user. A strong vocabulary is one way in which this can be accomplished.

Vocabulary Evaluation

Much has been written to assist AAC users, professionals and families to select and organize symbol vo-



1. harassment (much + disturbance) + sexual; - disturbance: (peace + to destroy) - peace: feeling + world: feeling of being at one with the world	x ⊗ Δ
2. assault (force + intensity)+ sexual - force: mind + strong (modified): to use the power of the mind to make something happen - strong: suggests outline of a person, arm bent, showing strength	⌞! Δ
3. (assault + sexual intercourse)	⌞! ⊗
4. (abuse + child)	⌞! ♀

cabularies². In taking sexuality as one area for consideration, the importance of an *ongoing* evaluation of vocabulary becomes evident. The different words required by the three-year-old, the twelve-year-old, the twenty-year-old and the forty-year-old are obvious. What may not be so readily apparent is the impact upon the learner/user and the "others" with whom they interact, of the way in which the vocabulary is represented. Non-labelled examples have been included in this article to allow readers to consider the information portrayed by the symbol **and** the effect of the *form* of the symbol upon users and viewers.

As we evaluate vocabulary for sexuality, we are sensitized to factors which are rarely included in research studies but which should always be considered in selecting symbols:

1. the need for the symbols to portray accurate and relevant information;
2. the need to respond to the user's feelings regarding privacy;
3. the need to protect the dignity of the user;
4. the need to consider the reactions of others.

As a postscript to all of the above, the importance of locating sexuality symbols in a private section of the communication display which is determined by the user, cannot be emphasized enough!

Our look at vocabulary is another reminder of the importance of symbol systems in the formation of thought and language, as discussed in *SymbolTalk*, December, 1991. *Vocabulary and Sexuality* reinforces, as well, the symbol system's role in self esteem, self determination and self-actualization.

Footnotes:

1. See advertisements elsewhere in **Communicating Together** for address and phone information relating to PCS and Blissymbols.
2. An excellent overview relating to the current knowledge regarding vocabulary selection, and providing a starting point for reading in this area, is an article entitled "Vocabulary Selection in Augmentative and Alternative Communication" by Beukelman, D., McGinnis, J., and Morrow, D., published in *Augmentative and Alternative Communication*, Volume 7/ Number 3, September, 1991. Reprints are available upon request from David R. Beukelman, 202F Barkley Memorial Center, University of Nebraska-Lincoln, Lincoln, NE 68583-0732, USA.

ANSWER KEY

Body Parts		Sexual Activities		Abuse		Feelings	
Bliss	PCS	Bliss	PCS	Bliss	PCS	Bliss	PCS
1. breasts	bottom	1. abortion	abortion	1. sexual harassment	sexual abuse	1. frustrated	frustrated
2. vagina	male parts	2. birth control	birth control	2. sexual abuse, assault, violence		2. good	good
3. egg, ovum	breast	3. ejaculation	ejaculation	3. rape		3. lonely	lonely
4. ovary	vagina	4. erection	excited male	4. child abuse		4. embarrassed	mean
5. fallopian tube		5. masturbation	masterbation			5. uncomfortable	horney
6. penis		6. intercourse	intercourse			6. nice	nice
7. sperm		7. conception	sperm/fertilization				
8. semen		8. sterilization	sex				
9. testicle							
10. vas deferens							

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